



YOUTH CO-ED 2016 VOLLEYBALL

\$69.00
per
PARTICIPANT

Proof of Torrance
residency will
be required.

*There will be
NO refunds given.
Only partial refunds
of 80% or a 100%
credit will be
available prior to
April 16, 2016.*

REGISTRATION BEGINS:

MARCH 1 – RESIDENT

MARCH 8 – NON-RESIDENT

**ALL REGISTRATION MUST BE RECEIVED
BY MARCH 21, 2016**

City of Torrance, Community Services Department
3031 Torrance Blvd., Torrance, CA 90503

Volleyball League and **Clinic** are tentatively scheduled to
begin April 16, 2016 and is an 8 week program. All games will be
played on Saturdays in the Dee Hardison Sports Center at Wilson
Park, 2200 Crenshaw Boulevard.

LEAGUE DIVISIONS

CLINIC

2nd, 3rd and 4th* Grades

JUNIOR

4th* and 5th Grades

SENIOR

6th, 7th and 8th Grades

**Fourth graders may sign up for both the clinic and the Junior League for \$138.00.*

VOLUNTEER HEAD COACH You must complete a Volunteer Coach's Application online at <http://www.TorranceCA.Gov/VolunteerProgram.htm>. You will then need to go to Human Resources, 3231 Torrance Blvd., and pick up a Volunteer Fingerprint Request Form that must be completed prior to the start of the season. City policy requires volunteers to be fingerprinted annually. Volunteer coaches will receive a refund of the activity fee upon return of their equipment at the end of the season.

"Creating and Enriching Community through People, Programs and Partnerships"



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Mail-in Registration:

Complete the Parent Permission Slip below. Please send a separate form and a separate check for each child, along with proof of your Torrance Residency.

Walk-In & Fax-In Registration:

Complete the Parent Permission Slip below along with your credit card information and fax to 310/781-7598 or bring to 3031 Torrance Blvd.

Online Registration:

Can be done at <http://www.TorranceCA.Gov/9087.htm>.

PARENT PERMISSION SLIP

☐ **Clinic** (2nd–4th grades) ☐ **Junior League** (4th–5th grades) ☐ **Senior League** (6th–8th grades)

_____ has my permission to participate in the City of Torrance Community Services Department's Youth Sports Program. I affirm that he/she is in the _____ grade, and that his/her birthday is _____ and that he/she attends _____ School. I hereby release and discharge the City of Torrance, the Torrance Community Services Department, and each and all of their agents and employees from any liability whatsoever, resulting from or in any manner arising out of any injury or damage which may be sustained on account of his/her participation in said activity.

Parent's Name (please print) _____

Signature of Parent or Guardian _____ Date _____

Address _____ City _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Email _____

IT'S EASY! NOW YOU CAN USE YOUR CREDIT CARD!

I hereby authorize the use of my: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Print Name As It Appears On Card: (please print) _____

Credit Card #: _____ Expiration Date: Month _____ Year _____

Signature: _____  **Credit Card Requests Must Have a Signature**



Please include a stamped, self-addressed envelope to receive your receipt.

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